

Fairfax County Department of Community and Recreation Services AUTHORIZATION FOR MEDICATION/INHALER/EPINEPHRINE Release and Indemnification Agreement			
Part 1: To be completed by the Parent or Guardian			
I hereby authorize Fairfax County Department of Community and Recreation Services (CRS) and Fairfax County Health Department (FCHD) personnel to <input type="checkbox"/> assist with the use of medication; <input type="checkbox"/> permit use of an inhaler as soon as an asthmatic attack begins; <input type="checkbox"/> facilitate epinephrine injection as directed by the physician in part II. I agree to release, indemnify, and hold harmless CRS, FCHD, any of their officers, staff members, or agents from lawsuit, claim, expense, demand, or action, etc...against them for assisting this participant with the use of medication, permitting use of a inhaler, or facilitating epinephrine injection, provided CRS and FCHD staff comply with the physician or parent of guardian orders set forth in accordance with the provisions of part II below. I have read the procedure outlined on the back of this form and assume responsibilities as required.			
Participant:_____		Birthdate:_____	
Prescription: <input type="checkbox"/> New, <input type="checkbox"/> Renewal If new, the first full dose must be given at home to assure that the participant did not have a negative reaction. The first dose was given:_____Time_____			
Please Note for Epinephrine Injection: I am aware that the injection may be facilitated by a non-health professional. I understand that the rescue squad will always be called when epinephrine is taken, whether or not the participant manifests any symptoms of anaphylaxis.			
No CRS employee, nurse, or clinic room aide shall facilitate the use of medication or treatment as an exception, unless all of the required clearances have bee personally reviewed by the program manager or designee.			
Parent or Guardian Signature		Daytime Phone	Date
Part II: To be Completed by the Physician: Please note: A parent or guardian must complete part II if their child is taking over the counter medication (3 days) or an antibiotic (10 days) not prescribed by a physician. For these instances only, a physician signature is not required			
CRS and FCHD discourage the use of medication by participants during program hours. Any necessary medication that possibly can be taken before or after the program should be so prescribed. Injectable medications are not facilitated in programs except in specific emergency situations. CRS personnel (when absolutely necessary) will facilitate the use of medication during the program day, during outdoor activities, and during field trips according to the procedures outlined on the back of this form.			
Medications			
Diagnosis			
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again			
Effective Dates: From:_____to_____		Medication: (Trade Name)	
Dosage at Recreation:		Time of Dosage	
If participant is taking more than one medication at the program, list the sequence in which medications are to be taken: 1._____3._____ 2._____4._____			
Inhaler			
Diagnosis			
Duration of Order (not to exceed current recreation program)		Medication (Trade Name)	
Dosage at Recreation:		Time interval for repeating dosage	
Symptoms of conditions for which medication is ordered:			
<input type="checkbox"/> I believe that this participant has received adequate information on how and when to use an inhaler and that he/she can use it properly in an emergency. It is necessary <input type="checkbox"/> , is not <input type="checkbox"/> necessary to carry (for emergency purposes) an inhaler during Recreation hours.			
Epinephrine			
Emergency injections are facilitated in CRS by non-health professionals. CRS staff members are taught by the school public health nurse to facilitate the injection. For this reason only pre-measured doses of epinephrine may be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before facilitation the injection.			
The following injection will be given immediately after report of exposure to:_____			
Check as appropriate:			
<input type="checkbox"/> Epi-Pen Give the pre-measured dose 0.3mg epinephrine 1:1000 aqueous solution, (0.3cc)	<input type="checkbox"/> Epi-Pen Jr. Give the pre-measured dose of 0.15mg epinephrine 1:2000 aqueous solution (0.3cc).	<input type="checkbox"/> Ana-Kit Give the pre-measure dose of 0.3 epinephrine 1.1000 aqueous solution, (.3cc).	
<input type="checkbox"/> Repeat the dose in 15 minutes if the rescue squad has not arrived. Two kits will be needed in Recreation			
I believe that this participant has received adequate information on how and when to use an Ana-Kit or Epi-Pen and that he or she can use it properly in and emergency. It is necessary <input type="checkbox"/> , is not necessary <input type="checkbox"/> to carry (for emergency purposes) an Epi-Pen during Recreation hours.			
Physician’s Name (printed)		Physician’s Signature	Phone
Date			
Part III: To be completed by the Program Manger or Authorized Designee			
<input type="checkbox"/> Parts I and II above are completed including signatures. It is acceptable if all items of information in part II are written on the physician’s stationery or a prescription pad.			
<input type="checkbox"/> Prescription medication is clearly labeled by a pharmacist.			
_____Date by which any unused medication is to be collected by the parent (within one week after expiration of the physician order).			
Program Manager or Authorized Designee Signature		Date	
Form D			
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Information and Procedures

Medication

1. Medication should be taken at home whenever possible in order that the participant not lose valuable classroom or lunch time. Any medication taken to school must have a parent or guardian signed authorization. Some medication also may require physician orders. The parent or guardian must transport medication to the program.
2. No medication may be accepted by Community and Recreation Services (CRS) personnel without receipt of completed and appropriate medication forms.
3. A physician may use office stationery or a prescription pad in lieu of completing part II. Required information includes: participant name, date of birth, diagnosis, medication name, dosage, time to take medication, duration of medication, sequence if more than one medication is to be taken, physician signature, and date.
4. Physician samples must be appropriately labeled by the physician. Prescription drugs must be appropriately labeled by the pharmacist. Over-the counter medication must be in the original container labeled by the parent. All must also include the information requested in number 3.
5. The first dose of any new medication must be given at home.
6. The parent or guardian is responsible for submitting a new form to the program each time there is a change in the dosage or in the time at which the medication is to be taken.
7. Medication kept at the recreation site will be stored in a locked area, accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, the parent or guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
9. Evidence that the participant is being monitored by a physician is required the beginning of every program for psychostimulants, antipsychotics, antidepressants, anxiolytics, and seizure medication. Orders renewing these medicines may be dated up to 60 days prior to the start of the program.
10. Community and Recreation Services (CRS) and the Fairfax County Health Department (FCHD) do not assume responsibility for unauthorized medication taken independently by the participant himself /herself.
11. In no case may any CRS or FCHD staff member facilitate the taking on any medication outside the framework of the procedures outlined here and/or in CRS regulation.

Inhaler

1. Nonessential medication will not be permitted in the program or during program-sponsored activities. Any medication taken in the program must have the parent or guardian signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician statement requested in part II.
3. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes the participant name, date of order, duration of order diagnosis, medication name, dosage, interval for repeating dosage, symptoms, other medications the participant is taking, statement that the participant may self-administer, physician's signature, and date.
4. Physician sample must be appropriately labeled by the physician to include information requested in number 3 above.
5. The parent or guardian is responsible for submitting a new form to the program each time that is a change in the dosage or in the time at which medication is to be taken.
6. Medication kept in the program will be stored in a locked area accessible only to authorized personnel unless approved for the participant to carry during program hours.
7. Within one week after expiration of the effective date on the physician order, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
8. In no case may any CRS or FCHD staff member facilitate the taking of any medication outside the framework of the procedures outlined here and/or in CRS regulation.

Epinephrine

1. Epinephrine cannot be taken in the program or during program sponsored activities without a parent or guardian signed authorization, including a signed physician's statement.
2. This form must be on file in the clinic. The parent or guardian is responsible for obtaining the physician's statement in part II.
3. The parent or guardian is responsible for submitting a new form to the program each year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes the participant's name, allergen for which epinephrine is being prescribed, brand name, amount of pre-measured epinephrine, time for repeat dose if deemed necessary physician signature, and date.
5. Only pre-measured doses of epinephrine may be given by CRS staff.
6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat Epi-pen injection, then the parent must supply the program with two Epi-pens. Expiration date must be clearly indicated.
7. Medication must be hand delivered to the program by the parent or guardian unless approved for the participant to carry during the program hours.
8. Medication kept in the program will be stored in a secure area accessible only to authorized personnel.
9. Any unused medication will be collected by the parent within one week after the end of expiration of order. Medication not claimed within that period will be destroyed.
10. In no case may any CRS or FCHD staff member facilitate the taking of epinephrine by a participant who is identified as subject to anaphylactic reaction outside the framework of the procedures outlined here and/or in CRS regulation.